



MISSED PAYROLL NOTIFICATION

To: DecisionHR - Payroll Department

Fax #: (727) 572-1314 or (888) 802-7555

Work Site Employer Name: _____

Date: _____

Ref: Missed Payroll

This memo serves as notice that during the pay period(s) from:

_____ to _____, no employees worked nor were any
(Begin Date) (End Date)

Workers' Compensation injuries reported.

Reason for missed payroll activity:

Authorized Client Signature

Date

DecisionHR Representative

Date

If a fax machine is unavailable, return this form via U.S. mail or courier to:

DecisionHR, Attn: Payroll Department.